

***High School Completion Program***  
**Waiver Request for Assigned High School**

**Student Name:** \_\_\_\_\_

**Town of Residence:** \_\_\_\_\_

**District of Residence:** \_\_\_\_\_

**Recommended Alternate Assigned District:** \_\_\_\_\_

**Reason for Requesting Assignment of Alternate School District: (check all that apply)**

- € Student formerly attended the requested alternate district and prefers to obtain his/her diploma from this school.
  - € Relationship between student and district of residence too damaged to work successfully.
  - € Student has family or work responsibilities that require him/her to be in the alternate district.
  - € District of residence unwilling to agree to student's proposed graduation education plan and alternate school district is willing to agree to the draft graduation education plan.
  - € Other (Please describe reason for alternate school district).
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**Signatures:**

**I agree that our alternate district will assume responsibility for this student's participation in the High School Completion Program and will work to develop the graduation education plan and will award a high school diploma to the student upon completion of the graduation education plan.**

**Alternate District Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**I agree that it is in the best interest of this student to participate in the High School Completion Program at an alternate district.**

**District of Residence Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_